

**RENEWABLE ENERGY SYSTEMS TAX CREDIT  
CERTIFICATION APPLICATION FORM**

Please complete the following information and return to the Utah Energy Office.  
If you have any questions regarding this application, please contact our office.  
(Please print or type.)

**A. APPLICANT INFORMATION**

1. Project Participants

Name(s) of Applicant(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone    Home \_\_\_\_\_                      Business \_\_\_\_\_

2. Project Location Address (if different than mailing address) \_\_\_\_\_

\_\_\_\_\_

3. Equipment Vendor

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Business \_\_\_\_\_

4. Project Installer

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Business \_\_\_\_\_

Installer's License (if applicable) Type & Number

\_\_\_\_\_  
(Division of Occupational/Professional Licensing)

**B. DESCRIPTION OF UNIT**

1. Unit type  
☐ Residential (cannot be subject to motor vehicle personal property tax)  
☐ Commercial
2. Applicant  
☐ Owns residential system      ☐ Owns commercial system  
☐ Leases residential system      ☐ Leases commercial system
3. If residential unit, is it a (n)  
☐ Apartment: number of units \_\_\_\_\_  
☐ Single-family dwelling: primary ☐ or secondary ☐
4. If there are multiple units, does system provide energy for  
☐ All units  
☐ Some units: number of units \_\_\_\_\_
5. Type of construction  
☐ New system      ☐ Upgrade of system

**C. PROJECT SCHEDULE (MONTH & YEAR)**

1. Construction start date \_\_\_\_\_
2. Construction completion date \_\_\_\_\_
3. Date energy system was placed in service \_\_\_\_\_

**D. PREVIOUS APPLICATION**

Has this structure previously received the energy saving systems tax credit?

☐ Yes      ☐ No      ☐ Unknown

If yes complete the following:

Amount of credit received \_\_\_\_\_ Year credit received \_\_\_\_\_

Is this application related to that system? ☐ Yes      ☐ No

If yes what type of system was that? \_\_\_\_\_

**E. SCHEMATIC OF ENERGY SYSTEM**

Please sketch a schematic of the energy system. Indicate orientation (North-South-East-West). You can attach additional schematics, photographs, blueprints or other materials, which would aid in describing the system.

Label the pertinent equipment. Be as specific as possible.

A large grid of graph paper, consisting of 20 columns and 30 rows of small squares, intended for sketching a schematic of the energy system.

## F. SYSTEM DESCRIPTION

Locate the type of energy system installed and complete the requested information. **Be sure to complete the expenditures, savings and signatures sections following this section and include all receipts.** If you have any questions or if your system cannot adequately be described by the following format, please contact our office.

### SOLAR SYSTEM

#### Active

##### Thermal

1. Type: ☐ water heating ☐ air heating Other \_\_\_\_\_
2. Use: ☐ domestic water heating ☐ space heating Other \_\_\_\_\_
3. Make and model of collectors \_\_\_\_\_  
☐ Owner built
4. SRCC-certified ☐ or FSEC-certified ☐ ?
5. Number of collectors \_\_\_\_\_
6. Total square footage of collectors \_\_\_\_\_
7. Collector tilt \_\_\_\_\_
8. Collector orientation (degrees from true south) \_\_\_\_\_
9. Describe type of heat storage system \_\_\_\_\_
10. Amount of heat storage provided \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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#### Photovoltaic

1. Grid connected ☐ Stand-alone ☐
2. Use of system \_\_\_\_\_
3. Make and model of modules \_\_\_\_\_

4. Number of modules \_\_\_\_\_
5. Make and model of inverter \_\_\_\_\_
6. Number of inverters \_\_\_\_\_
7. Make and model of batteries \_\_\_\_\_
8. Number of batteries \_\_\_\_\_
9. Array tilt \_\_\_\_\_
10. Array orientation (degrees from true south) \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

### Passive

1. System type  
☐ direct gain    ☐ trombe wall    ☐ attached sun space    ☐ Other \_\_\_\_\_
2. Total square footage of glazing contained in the solar surface of the south-facing wall \_\_\_\_\_
3. Glazing tilt \_\_\_\_\_
4. Glazing orientation (degrees from true south) \_\_\_\_\_
5. Describe type of thermal storage mass \_\_\_\_\_
6. Heat capacity of thermal storage mass \_\_\_\_\_
7. Describe method of preventing heat loss at night \_\_\_\_\_
8. Describe method of preventing summertime overheating (overhangs, shading devices, etc.) \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### BIOMASS

1. Describe system and function of components \_\_\_\_\_

### HYDRO ENERGY

1. Grid connected ☐                      Stand-alone ☐

2. Make and model of turbine\_\_\_\_\_
3. Make and model of inverter\_\_\_\_\_
4. Number of inverters\_\_\_\_\_
5. Make and model of batteries \_\_\_\_\_
6. Number of batteries\_\_\_\_\_
7. Head, or vertical drop in elevation\_\_\_\_\_
8. Flow in gallons per minute\_\_\_\_\_
9. Length, size and condition of pipe used\_\_\_\_\_
10. Describe type of energy storage system if other than batteries \_\_\_\_\_
11. Amount of energy storage provided if other than batteries \_\_\_\_\_

Comments:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### WIND SYSTEM

1. Grid connected ☐ Stand-alone ☐
2. Make and model of wind turbine \_\_\_\_\_
3. Direct drive mechanical power ☐ Electrical power production ( )
4. Rated power output of wind turbine, watts (W) or kilowatts (kW)
5. AC ☐ or DC ☐ system
6. If AC, make and model of inverter \_\_\_\_\_
7. If battery storage, make and model of batteries \_\_\_\_\_
8. Number of batteries \_\_\_\_\_
9. Describe type of energy storage system if other than batteries \_\_\_\_\_
10. Power use \_\_\_\_\_

Comments:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G. EXPENDITURES**

What is the actual dollar amount **applicant spent** on the system(s)? (Do not include rebates, grants, or any other cost not directly paid for by the applicant.)

1. Total equipment cost \_\_\_\_\_
2. Total installation cost \_\_\_\_\_
3. Sum of equipment and installation and costs \_\_\_\_\_

**H. SAVINGS**

1. Type of fuel saved:    ☐ Electric    ☐ Natural Gas    ☐ Other \_\_\_\_\_
2. Estimated annual fuel savings provided by system \_\_\_\_\_
3. Estimated annual dollar savings provided by system \_\_\_\_\_

**I. SIGNATURES**

1. I verify that I sold the equipment used for this system.

\_\_\_\_\_

Vendor's Name (printed/typed)

\_\_\_\_\_

Vendor's Signature

Date

2. I verify that I installed the equipment used for this system.

\_\_\_\_\_

Installer's Name (printed/typed)

\_\_\_\_\_

Installer's Signature

Date

3. I verify that the above information is correct and true to the best of my knowledge.

\_\_\_\_\_

Project Participant's Name (printed/typed)

\_\_\_\_\_

Project Participant's Signature

Date

4. *(To be used by the Utah Energy Office)*

I verify that I have reviewed this application and the application is

☐ Approved

☐ Denied

\_\_\_\_\_  
UEO Representative's Name (printed/typed)

\_\_\_\_\_  
UEO Representative's Signature                      Date

\_\_\_\_\_  
UEO Representative's Name (printed/typed)

\_\_\_\_\_  
UEO Representative's Signature                      Date

\_\_\_\_\_  
UEO Representative's Name (printed/typed)

\_\_\_\_\_  
UEO Representative's Signature                      Date